

This form may be printed and mailed to the address below.

State of Nebraska
Department of Health & Human Services
Division of Public Health
Licensure Unit
P.O. Box 94986
Lincoln, NE 68509-4986

FEE: \$500

APPLICATION FOR A PROVISIONAL VETERINARY DRUG DISTRIBUTOR LICENSE

PLEASE NOTE: A separate license must be obtained for each facility that is handling, storing and distributing veterinary legend drugs.

1. Applicant Information:						
Name of Applicant (person or entity):						
Business Address:	Street/PO Box/Route:					
	City:		State:		Zip:	
Telephone Number:				Fax Number: (optional)		
E-mail Address: (optional)						
2. Type of Business Entity:						
<input type="checkbox"/> Partnership	Name of each partner:					
	Name of Partnership:					
<input type="checkbox"/> Corporation	Name and title of each corporate officer and director:					
	All corporate names of the applicant:					
	Applicant's State of incorporation:					
<input type="checkbox"/> Sole Proprietorship	Name of sole proprietor:					
	Name of the proprietorship:					
	Social Security Number of proprietor:					

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3. Facility and Personnel Information:							
List all trade or business names used by applicant:							
Names of person in charge and address for facility used by the applicant for storage, handling, and distribution of veterinary legend drugs:							
Name of person in charge of facility:							
Street/PO/Route:							
City:		State:		Zip:		Phone # :	
List all licenses, permits, or other similar documentation issued to the applicant in any other state authorizing the applicant to purchase, possess, and distribute veterinary legend drugs:							
State:		License/Permit Type:		License/Permit #:			
State:		License/Permit Type:		License/Permit #:			
State:		License/Permit Type:		License/Permit #:			
State:		License/Permit Type:		License/Permit #:			
State:		License/Permit Type:		License/Permit #:			
State:		License/Permit Type:		License/Permit #:			
Name(s) and address(es) of the following:							
Owner(s):		Name:					
		Street/PO/Route:					
		City:		State:		Zip:	
Designated Representative:		Name:					
		Street/PO/Route:					
		City:		State:		Zip:	
Managerial Employee(s):		Name:					
		Street/PO/Route:					
		City:		State:		Zip:	

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4. The applicant must answer the following questions pertaining to himself/herself, the designated representative, the owner, and any person having an interest in the applicant of more than ten percent:		
a.	Have any of the above committed a violation of the Veterinary Drug Distribution Licensing Act?	<input type="checkbox"/> YES <input type="checkbox"/> NO
b.	Have any of the above been convicted of a misdemeanor or felony?	<input type="checkbox"/> YES <input type="checkbox"/> NO
c.	Have any of the above committed any act of unprofessional conduct under the Uniform Credentialing Act?	<input type="checkbox"/> YES <input type="checkbox"/> NO
d.	Do any of the above have an active addiction, i.e. current physical or psychological dependence on alcohol or a substance, which dependence develops following the use of alcohol or a substance on a periodic or continuing basis?	<input type="checkbox"/> YES <input type="checkbox"/> NO
e.	Have any of the above permitted, aided, or abetted veterinary drug distribution or the performance of activities requiring a license under the Veterinary Drug Distribution Licensing Act by a person not licensed under the Veterinary Drug Distribution Licensing Act?	<input type="checkbox"/> YES <input type="checkbox"/> NO
f.	Has the credential of any of the above in another jurisdiction been denied, refused renewal, limited, suspended, or revoked or been disciplined in any other manner relating to the performance of veterinary drug distribution?	<input type="checkbox"/> YES <input type="checkbox"/> NO
g.	Have any of the above performed veterinary drug distribution without a valid license or in contravention of any limitation placed upon the license?	<input type="checkbox"/> YES <input type="checkbox"/> NO
h.	Have any of the above committed fraud, forgery, or misrepresentation of material facts in procuring or attempting to procure a license under the Veterinary Drug Distribution Licensing Act?	<input type="checkbox"/> YES <input type="checkbox"/> NO
i.	Have any of the above established written policies and procedures for the receipt, storage, security, inventory, and distribution of veterinary legend drugs, including policies and procedures for identifying, recording, and reporting destruction, losses, or thefts of veterinary legend drugs and for correcting all errors and inaccuracies in inventories?	<input type="checkbox"/> YES <input type="checkbox"/> NO
j.	Do the written policies and procedures contain a provision for annual review?	<input type="checkbox"/> YES <input type="checkbox"/> NO
k.	Are the written policies and procedures updated annually?	<input type="checkbox"/> YES <input type="checkbox"/> NO
l.	Do any of the above maintain a record documenting the annual policy and procedure review that is kept with the policies and procedures that indicates the date of review and the signature of the designated representative of the veterinary drug distributor?	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. Required Signatures (one of the following):		
I attest that the statements on this application are true and complete to the best of my knowledge.		
a.	If applicant is an individual or partnership, signature of owner:	
	Signature of owner:	Date:
b.	If applicant is a limited liability company with one member, signature of member:	
	Signature of member:	Date:
c.	If applicant is a limited liability company with two or more members, signature of two members:	
	Signature of member:	Date:
	Signature of member:	Date:
d.	If applicant is a corporation, signature of two officers:	
	Signature of officer:	Date:
	Signature of officer:	Date: